

# EXPENDITURE AND REIMBURSEMENT VOUCHER

TSS 15 (09/27/05)

**Purpose:** Grantees use this form to submit expenditures for reimbursement.

**Instructions:** Send the completed form to your community Transportation Safety Program Manager.

APPLICATION INFORMATION			
GRANTEE REQUESTING PAYMENT		FEDERAL ID NUMBER	
PROJECT NUMBER	VOUCHER NUMBER	CLAIM DATE (mm/dd/yyyy)	FEDERAL SECTION CODE
MAKE CHECK PAYABLE TO			
ADDRESS			
CITY	STATE	ZIP CODE	

EXPENDITURE CATEGORY	VENDOR NAME	PURCHASE/ ACTIVITY DATE	CHECK NUMBER DIRECT DEPOSIT NUMBER	AMOUNT
PERSONNEL COST (LIST NAMES AND SSN)				
CONTRACTUAL				
COMMODITIES (MATERIALS/SUPPLIES)				
DIRECT COST (PRINTING, EQUIPMENT)				
IDENTIFY EQUIPMENT PURCHASED				
TRAVEL COST (IDENTIFY TRAVELER/PURPOSE)				
INDIRECT COST (ADMINISTRATIVE)				
TOTAL COST SUBMITTED TO DATE		PRIOR COST SUBMITTED TO DATE		NET AMOUNT SUBMITTED FOR PAYMENT

CERTIFICATION		
I certify that all costs being claimed for reimbursement were incurred within the time frame of the grant period, are for budget category activities approved under the grant, and have not been previously claimed for reimbursement. Source documentation to substantiate costs claimed are on file and will be made available for audit.		
PROJECT DIRECTOR'S NAME (print)	PROJECT DIRECTOR'S SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY					
REVIEWED BY	DATE (mm/dd/yyyy)	CFDA NUMBER	DD NUMBER	PROJECT MONITOR INITIALS	DATE (mm/dd/yyyy)